

VIDA Program: Saver's Nonqualified Withdrawal Request Form

Use this form to make an emergency withdrawal or terminate participation. To be completed by the saver and intermediary, mail or fax to DHCD using the information at the bottom of the form.

Saver Information

Full Name: _____
Last First Middle

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

Social Security Number: _____

Intermediary Site Name: _____

Withdrawal Information

Withdrawal Amount: \$ _____

Bank Account Number: _____

1. Please explain why you want to take a withdrawal from your IDA:

2. How will this withdrawal affect your savings goal?

If this is an emergency withdrawal, how do you plan to repay the money back to your account? How long will this take to repay?

Signatures

Saver's
Signature: _____

Name

Date

Intermediary's

Signature: _____

Print Name

Signature

Date

DHCD Program
Representative
Signature: _____

Signature

Date

DHCD Fiscal
Representative
Signature: _____

Signature

Date

Fax or mail to: Virginia Department of Housing and Community Development, VIDA Program, 501 North Second Street,
Richmond, Virginia 23219. Phone: (804) 371-7030, Fax: (804) 371-7093